

MECHANICAL REFRIGERATION INSTALLATION REGISTRATION

Complete appropriate portion

Installing Contractor shall prepare this form in triplicate and distribute as follows:

White - Send to Wisconsin Department of Commerce
Safety & Buildings Division, Box 7302,
Madison, Wisconsin 53707-7302

Yellow - Send to Owner who shall POST IT IN A
CONSPICUOUS PLACE.

Pink - Retain for file.

User or Owner Name		REFRIGERATION SYSTEMS TYPE <input type="checkbox"/> Self Contained <input type="checkbox"/> Direct <input type="checkbox"/> Indirect USE <input type="checkbox"/> Air Cond. <input type="checkbox"/> Mfg. or Storage <input type="checkbox"/> Recr. CAPACITY Tons _____ KVA _____ H.P. _____ Pounds _____ Refrigerant _____ in system _____ Serial No. _____			
Street Address	Phone number				
City	State	Zip Code	DISTRIBUTION PIPING <input type="checkbox"/> Steel <input type="checkbox"/> Copper <input type="checkbox"/> Other WI Registration Tag No.	CONNECTIONS <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Soldered <input type="checkbox"/> Threaded	
Installing Contractor Name		Street Address	City	State	Zip Code
Date Installation Completed	Contractor Telephone	Installer Signature	HVAC Contractor #'s _____ (Number) _____ (Expiration Date)		Date Registered

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].